

For admin use only:
Signatures Registration
Paid
Tuition Paid
Start Date _____



Enrollment Form

Class Enrollment (please check one)

- The Beetles Forest Kindergarten Class (7:45 am-11:45 am)
- The Bumblebee Class (8:00 am – 12:00 pm)
- The Grasshopper Class (8:15 am – 12:15 pm)
- The Caterpillar Class (8:30 am-11:30 am)
- The Dragonfly Class (8:45 am – 12:45 pm)
- The Butterfly Class (9:00 am– 1:00 pm)
- The Firefly Forest Kindergarten Class (9:15 am – 1:15 pm)
- The Ladybug Class (9:30 am – 12:30 pm)

Enrollment Days (please check one)

- 2 days-Mon/Wed-
Monthly Tuition \$250
- 2 days-Tues/Thurs-
Monthly Tuition \$250
- 3 days-Mon/Wed/Fri –
Monthly Tuition \$350
- 3 days-Tues/Thurs/Fri-
Monthly Tuition \$350
- 4 days Mon-Thurs-
Monthly Tuition \$450
- 4 days Tuesday-Friday
Monthly Tuition \$450
- 5 days-Mon-Fri-
Monthly Tuition \$550

Child's Full Name : _____

Date of Birth: _____

Child's Home Address: _____

Signature _____ Date _____



Parent/Guardian Information

Name _____

Mobile # _____

Email Address _____

Parent/Guardian Information

Name _____

Mobile # _____

Email Address _____

Authorized Child Release: *No child may be released from Puddle Jumpers to anyone other than to his/her parent/guardian or a person designated in writing to receive the child. Those people authorized to pick-up the child will be required to present photo identification until such time as the staff easily recognizes them. The following persons have my permission to pick up my child:*

Name: _____

Phone: _____

Relationship to child: _____

Name: _____

Phone: _____

Relationship to child: _____

Does your child have any known allergies?

Does your child's allergy require an EpiPen? _____

Signature _____ Date _____



Emergency Medical Authorization

Emergency Medical Contact Information

If a parent or guardian cannot be reached in case of an emergency, please call:

Name: _____

Phone: _____

Relationship to child: _____

Name: _____

Phone: _____

Relationship to child: _____

Child's Doctor: _____

Doctor's phone: _____

Insurance Company: _____

Child's Insurance Card #: _____

Does your child take any prescription medicine daily? If so, describe reason for treatment:

If a parent cannot be reached to make decisions regarding emergency medical care at the time of an illness, accident, or injury, I give my permission for the owner or staff of Puddle Jumpers Nature Preschool to obtain whatever treatment may be deemed necessary for my child. I agree to promptly notify Puddle Jumpers Nature Preschool of any changes of the above information. This form is legally binding, so by signing it, you agree that all information provided herein is correct. False information may result in termination of preschool enrollment. I agree to be responsible for any and all costs related to transportation or treatment my child's receives for medical care.

Signature _____ Date _____



PRESCHOOL CONTRACT

The following is a legally binding contract between Puddle Jumpers Nature Preschool and:

(Please print parent’s full name)

Preschool is to be provided for:

(Please print child’s full name & date of birth)

Tuition is due by the 1st of each Month for the upcoming month.

A late fee of \$10 per day will apply after the 5th of the month if payment is not received.

To discontinue enrollment a 30-day written notice is required.

Payments are only accepted online on our website. Payments are non-refundable.

The link is provided below:

<https://puddlejumpernaturepreschool.com/pay-tuition/>

Participation Authorization

I Give permission for my child: _____

To participate in all activities and use all equipment offered at Puddle Jumpers Nature Preschool

I give my permission for my child to play outside in all seasons and in all kinds of weather including rain, sun, snow and any safe weather.

The following physical limitations and/or restrictions apply to my child:

Exposure to nature and the local flora and fauna is an integral part of a healthy childhood and enhances children’s education exponentially. We provide many opportunities to interact with the natural environment in our living classroom at Puddle Jumpers Nature Preschool. As the parent, I understand the possible risks involved in active outdoor play and the possibility of minor and/or major injuries and I accept full legal responsibility for my child’s involvement in such activities. I understand that climbing, jumping, crawling, swinging, balancing, running, skipping, and other active gross motor & physical ability enhancing skills are allowed and encouraged at this preschool. I understand my child will have many opportunities for active outdoor play in all kinds of weather at nature preschool. I will not hold Puddle Jumpers Nature Preschool legally responsible for any injuries incurred while participating in these activities. I also understand that occasional bumps, bruises, splinters or skinned elbows or knees are a possibility with children actively playing outdoors on a regular basis. I understand the risks of active outdoor play in all types of weather and I will make sure my child has the appropriate outerwear and footwear to participate fully. I give permission for my child to take daily nature walks and play at base camp on the 3+ acre property located behind the preschool.

Signature _____ Date _____



Waiver Hold Harmless Agreement

I agree to abide by Puddle Jumpers Nature Preschool policies. On behalf of myself, my spouse, and each child designated herein, I hereby enter this Hold Harmless agreement with Puddle Jumpers Nature Preschool.

Facility Use: Subject to this Agreement and other terms as Nature Preschool/Nature Play/Nature Camp/ After School Adventures/ Parent & child nature class for my child which includes use of the facilities, and participation in active outdoor play and learning activities on all 5 acres of the property.

Health: My child is in excellent health and physical condition. My child has no medical, developmental, psychological, behavioral, physical, or mental condition, which has not been fully disclosed to Puddle Jumpers on my child's registration form. My child does not have any infectious, contagious, or communicable diseases.

Illness: My child will never attend while suffering symptoms of a contagious illness. If my child becomes sick with a contagious illness, I agree to notify Puddle Jumpers as soon as possible to enable Staff, at its discretion, to notify other families with children who may have been exposed to the illness.

Medical Authorization: Although Puddle Jumpers does its best to provide a safe environment; I understand that it is possible that my child may get injured. If such an event occurs, I authorize Puddle Jumpers to follow its internal procedures, including basic first aid as per the staff's training and comfort level with handling the situation; however, I understand that the owner/director/staff shall not be required to strictly follow those guidelines when, in their judgment, circumstances may not require it. In the event that Puddle Jumpers determines that emergency medical attention is necessary for my child, I authorize Puddle Jumpers to act as an agent for me and give my permission for my child to be attended by emergency medical staff or a physician in such circumstances, as Puddle Jumpers deems necessary.

Safety/Indemnity: I agree that Puddle Jumpers may act if it considers it prudent to protect the safety of my child and other children using the services of Puddle Jumpers. I further agree to indemnify, defend and hold Puddle Jumpers and its Owners, Officers, Directors, Staff, Agents and Employees and Margot Barnhardt Properties LLC harmless from and against all actions, claims, or liability, including Attorney fees and court costs, directly or indirectly caused by me in completing the registration form.

Future Visits: This Agreement, the Registration Form and the Release will be kept on file at Puddle Jumpers and continue to constitute binding legal obligations for any future visits my child may make to Puddle Jumpers. However, this agreement does not obligate Puddle Jumpers to continue to provide services. Puddle Jumpers reserves the right to refuse admission to any child for any reason without liability

Behavior Policy: I have read, signed and agree to abide by the Behavior policy. I understand that if my child's behavior becomes aggressive or causes a safety risk the policy is immediate termination.

Signature _____ Date _____



Payments are only accepted online on our website. All Payments are non-refundable.

The link is provided below:

<https://puddlejumpernaturepreschool.com/pay-tuition/>

If you wish to discontinue enrollment a 30-day written notice is required.

As a condition to my use of Puddle Jumpers and their facility, I have accurately completed and signed the Registration Form and Release. I understand that Puddle Jumpers will rely on this information in caring for my child. I agree to pay all costs and attorney fees arising out of my actions relating to this Agreement, the Registration form, or the Release for collection purposes or otherwise.

Release Agreement

Puddle Jumpers Nature Preschool aims to provide an active physically challenging environment for children. However, in any program for children, injuries can occur. In order for Puddle Jumpers to be able to provide services to you, it is necessary that you assume certain risks. Thus, as a requirement to receive our services Puddle Jumpers Nature Preschool requires that you sign this Release Agreement. I, on behalf of myself, my spouse and each child designated on the Registration Form, waive and release all rights, causes of action and claims against Puddle Jumpers Nature Preschool, its Owners, Officers, Directors, Staff, Agents and Employees, for any and all loss of or damage to property or injuries suffered by my child during the time my child is in attendance at Puddle Jumpers including any possible negligence of Puddle Jumpers. I understand that the provision of our services contains risk of injury to persons and damage to property, and that by signing this Release I engage Puddle Jumpers Nature Preschool to provide care for my child at my own risk. I have been given an opportunity to ask questions and obtain answers to my satisfaction regarding any and all aspects of Puddle Jumpers and the Release, including, but limited to, future risks, complications and costs. By signing this Release, I have not relied on any promises or statements made by Puddle Jumpers other than those contained in the written information supplied to me. I understand that this Release will be kept on file and will continue to be in effect for this and any future visits my child may make to Puddle Jumpers Nature Preschool.

I HAVE READ THE ABOVE CAREFULLY AND I HAVE A FULL UNDERSTANDING OF THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING. I FULLY UNDERSTAND AND AGREE TO ABIDE BY THE POLICIES AND GUIDELINES SET FORTH BY PUDDLE JUMPERS NATURE PRESCHOOL.

Parent Signature _____ Date _____